PART B - FEE(S) TRANSMITTAL

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ار ۱۹۱۱ مر	<i>)</i> *		or <u>Fa</u>	<u>x</u> (703) 746-4000				
maintenance fee notification	15.		JE FEE and PUrders and notific) specifying a n	BLICATION FEE (if requation of maintenance fees we correspondence address	ired). Blocks I through 5 s will be mailed to the current ; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for		
	E ADDRESS (Note: Use Block 1 for	any change of address)		papers. Each addition	mailing can only be used f als certificate cannot be used al paper, such as an assignm	or domestic mailings of the for any other accompanying ent or formal drawing, must		
John S. Hale	590 08/03/2004	SPE			e of mailing or transmission.			
c/o Gipple & Hale			10	I hereby certify that the	rtificate of Mailing or Tran- nis Fee(s) Transmittal is bein	ig deposited with the United		
6665-A Old Domi		MUN 02 2	ma in	addressed to the Ma	nis Fee(s) Transmittal is bein with sufficient postage for fin il Stop ISSUE FEE address TO (703) 746-4000, on the	s above, or being facsimile		
McLean, VA 2210 11/03/2004 NNGUYEN2 00		MON OF S	ي ا	transmitted to the OSI	10 (703) 740-4000, on the	(Depositor's name)		
			ت			(Signature)		
01 FC:1501 02 FC:1504	1370.00 OP 300.00 OP	•	<i>;</i> *			(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED II	NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
- 10/092,489	03/08/2002		Barbara L. M	ferboth	X-9353	1281		
TITLE OF INVENTION: PA	ACKAGE WITH INSERT F	OR HOLDING AT	LLOGRAFT IM	PLANT TO PRECLUDE L	PID TRANSFER			
•								
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES			\$300	1670	11/03/2004		
EXAMINER		\$1370 ART UNIT C		CLASS-SUBCLASS]			
FOSTER,	JIMMY G	3728		206-438000	•			
1. Change of correspondence	address or indication of "Fo	ee Address" (37	2. For printin	g on the patent front page, li	st John S	S. Hale		
CFR 1.363). ☐ Change of corresponde	nce address (or Change of C	Correspondence		names of up to 3 registered patent attorneys 1 GIPPLE & HALE ts OR, alternatively,				
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication for			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
PTO/SB/47; Rev 03-02 on Number is required.	or more recent) attached. Use	e of a Customer		patent attorneys or agents. If the will be printed.	no name is 3			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (p	orint or type)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appear Γa substitute for	on the patent. If an assign	nee is identified below, the c	focument has been filed for		
(A) NAME OF ASSIGNI	EE	(B) RESIDENCE:	(CITY and STATE OR CO	•			
MUSCULOSKELET	TAL TRANSPLANT F	OUNDATION	I	Edison, New Jerse	ey .			
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4a. The following fee(s) are			. Payment of Fee		orporation of other private gi	loup entity — government		
☐ Issue Fee		XX	A check in th	e amount of the fee(s) is end	closed.			
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Advance Order - # of 6	Copies	xx	The Director Deposit Accour		narge the required fee(s), or enclose an extra c	credit any overpayment, to copy of this form).		
5. Change in Entity Status				Only for deficie				
a. Applicant claims SM	IALL ENTITY status. See 3	7 CFR 1.27.	x□ b. Applicant	is not claiming SMALL EN	FITY status. See, e.g., 37 CF	R 1.27(g)(2).		
	ublication Fee (if required) w	vill not be accepted	I from anyone ot		y paid issue fee to the application istered attorney or agent; or the			
(Authorized Signature)		(Date)	11/1/24	204		***		
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an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	for reducing this burden, sh nia 22313-1450. DO NOT S	122 and 37 CFR O. Time will vary ould be sent to the SEND FEES OR C	1.14. This collect depending upon the Chief Information of the Completed Formation of the Completed Formation of the Completed Formation of the Complete of th	tion is estimated to take 12 the individual case. Any co ion Officer, U.S. Patent and ORMS TO THIS ADDRES	the public which is to file (an minutes to complete, including mments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner	ng gathering, preparing, and me you require to complete lartment of Commerce, P.O. for Patents, P.O. Box 1450,		

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PTO/SB/21 (09-04)

· Marcher		Application Number	10/092,489	10/092.489			
TRANSMITTAL		Filing Date	03/08/2002	3/08/2002			
FORM		First Named Inventor	Merboth				
		Art Unit 3728					
(to be used for all correspondence	Examiner Name	Foster					
Total Number of Pages in This Sub	Attorney Docket Number	X-9353					
ENCLOSURES (Check all that apply)							
Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence o	Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):			
Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53							
	SIGNATURE C	OF APPLICANT, ATTO	RNEY, C	OR AGENT			
Firm Name GIPPLE & HAL	E						
Signature	Signature						
Printed name John S. Hale							
Date November 1, 2004			Reg. No.	25,209			
CERTIFICATE OF TRANSMISSION/MAILING							
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FEE TRANSMITTAL	Applic		
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Effective 10/01/2004 Patent fees are subject to annual revision.			

Applicant claims small entity status. See 37 CFR 1.27

(\$) 1670.00 TOTAL AMOUNT OF PAYMENT

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Complete if Known				
Application Number	10/092,489			
Filing Date	03/08/2002			
First Named Inventor	Merboth			
Examiner Name	Foster			
Art Unit	3728			
Attorney Docket No.	X-9353			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
✓ Check Credit card Money Other None	3. ADDITIONAL FEES					
Order U	Large l	Large Entity Small Entity				
✓ Deposit Account:				Fee (\$)	Fee Description	Fee Paid_
Deposit Account 07-1340	Code 1051	130	2051	(≠) 65	Surcharge - late filing fee or oath	Lee Lain
Number Deposit GIPPLE & HALE	1052	50	2052	25	Surcharge - late provisional filing fee or	
Account Name				400	cover sheet	
The Director is authorized to: (check all that apply)	1053 1812	130 2.520	1053 1812		Non-English specification For filing a request for ex parte reexamination	
Charge fee(s) indicated below	1804	920*	1804	_,	Requesting publication of SIR prior to	
✓ Charge any additional fee(s) or any underpayment of fee(s)	1004	920	1004	920	Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1251	430	2252	215	Extension for reply within second month	
1. BASIC FILING FEE	1252	980	2253		Extension for reply within third month	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid		1.530	2254	765	• •	
Code (\$) Code (\$)	1255	•	2255		Extension for reply within fifth month	
1001 790 2001 395 Utility filing fee	1401	340	2401	.,	Notice of Appeal	
1002 350 2002 175 Design filing fee	1402	340	2401		Filing a brief in support of an appeal	
1003 550 2003 275 Plant filing fee	1402	300	2402		Request for oral hearing	
1004 790 2004 395 Reissue filing fee	1451	1.510	1451		Petition to institute a public use proceeding	
1005 160 2005 80 Provisional filing fee	1452	110	2452		Petition to revive - unavoidable	
SUBTOTAL (1) (\$) 0.00		1.370	2453		Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1	1.370	2501		Utility issue fee (or reissue)	1370.00
Fee from Extra Claims below Fee Paid	1502	490	2502		Design issue fee	
Total Claims		660	2503	330	Plant issue fee	
		130	1460	130	Petitions to the Commissioner	
		50	1807	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity		180	1806		Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Fee Pescription Code (\$)	8021	40	802	1 40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 88 2201 44 Independent claims in excess of 3	1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395	For each additional invention to be	
1204 88 2204 44 ** Reissue independent claims over original patent		790	2801	305	examined (37 CFR 1.129(b)) Request for Continued Examination (RCE)	
	1801 1802	900	1802	900		
1205 18 2205 9 "Reissue claims in excess of 20 and over original patent		of a design application				
SUBTOTAL (2) (\$) 0.00	Other fee (specify) 300.00					
**or number previously paid, if greater; For Reissues, see above		uced by	Basic	Filing F	SUBTOTAL (3) (\$) 1670	.00

(Complete (if applicable)) SUBMITTED BY Registration No. 25,209 Telephone 703-448-1770 Name (Print/Type) John' Male 11/1/2004 Signature

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